2011 Camp Registration Form

One form per child. To ensure prompt registration for your child, fill out the form completely. If information is missing, it may delay registration and the camp may fill.

*Required information **FAMILY INFORMATION:** ☐ Resident ☐ Non-resident *Home Phone Cell Phone *Last Name **First Name Date of Birth Work Phone** M/F (*Main Contact) (Second Contact) *Address: Street City New address? □ Y □ N State & Zin E-mail_ *Emergency Contact & Phone_ (Name Other than Parent) (Phone) **CAMPER INFORMATION: Last Name First Name** Date of Birth M/F Immunizations up-to-date? Special Needs Participant? Please contact our office $\square Y \square N$ at 240-314-8620 three weeks prior to activity. Camp Name Dates Fee Second Choice Camp# Fee SUB TOTAL: \$____ Contribution to Recreation Fund: \$ **Bus Stop:** (Round off payment to the next easy denomination) only to those programs displaying this symbol. Fee = Rockville resident/non-resident TOTAL: \$

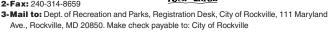
PAYMENT METHOD: (check one) ☐ Credit Card (check type) ☐ WSA Exp. Date: ___ / __ Card Holder Name:___ Signature: _ Cash (Walk-in only) Check enclosed \$____ # ___ Gift Certificate \$

FOUR EASY WAYS TO REGISTER!



Most Convenient Method. Available 24 hours a day, rock enroll 7 days a week! (C.C. Registrations Only)

- 1-Online: www.rockvillemd.gov and click on rock enroll
- **2-Fax:** 240-314-8659



4-Walk-In: City Hall, Swim & Fitness Ctr., Sr. Ctr., Twinbrook CRC, Lincoln Park CC, Thomas Farm CC and Croydon Creek Nature Ctr., 8:30 a.m. - 4:30 p.m.

FOR OFFICE USE ONLY:	Processed by: Date Processed: Total Paid:
☐ Check ☐ Cash ☐ Charge ☐ Other	